

# REQUIRED FOR ENTRY

Please print, fill out, and bring this form with you!



## SCHOOL GROUP ADMISSION TICKET

PLEASE PRINT

Name of School: \_\_\_\_\_

County: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Teacher Responsible for School Group (please print): \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

- ☐ I have read my confirmation packet.
- ☐ I have assigned groups to chaperones prior to arrival.  
(assigned groups must be on same bus)
- ☐ I have provided the chaperone policies to all the adults.

Signature \_\_\_\_\_

*All museum admission procedures apply to **each individual bus, not by school.***

Example: If your school has four buses visiting, four admission tickets must be completed.

*Please complete this form the day of your visit to ensure accuracy and expedite processing.*

Does your bus have any aides accompanying special needs students?

☐ Yes ☐ No

How many adults are on the bus? \_\_\_\_\_

How many students are on the bus? \_\_\_\_\_

Will any adults be arriving separately? If so, how many? \_\_\_\_\_

School Principal Name (please print): \_\_\_\_\_

I acknowledge that my school is visiting the Abraham Lincoln Presidential Library and Museum on a field trip.

School Principal Signature (REQUIRED): \_\_\_\_\_

Number of student tickets \_\_\_\_\_ x \$4.00 = \_\_\_\_\_ *No charge for student tickets June - February.*

**One adult** (including teachers) for every **10** students is allowed free of charge.

Number of tickets over allotted ratio \_\_\_\_\_ x \$12.00 = \_\_\_\_\_

Payment types accepted: \_\_\_ CASH \_\_\_ SCHOOL CHECK \_\_\_ MASTERCARD \_\_\_ VISA

*\*To expedite the payment/tour process, all monies for students and additional adults must be collected prior to arrival and **one** designee must purchase all additional tickets.*

**For use by SCVB scheduled groups only. Ticket may be copied.**